



The Occupational Health Services Project Centers of Occupational Health and Education (COHE)



OVERVIEW

Washington's workers' compensation system spends about \$500 million annually on medical care for injured workers. Making sure that money is spent on effective, high quality health care is a top priority at the Department of Labor and Industries (L&I). To ensure that quality care is available, L&I has participated in a number of projects to test various healthcare delivery systems.

Building on those experiences, L&I worked in collaboration with business and labor organizations, community leaders and a University of Washington (UW) research team to develop a community-based approach to health care that has been implemented through Centers of Occupational Health and Education (COHE) in Renton and Eastern Washington.

Major components of the project appear to substantially reduce disability among injured workers while maintaining a high level of satisfaction with the care they received.

THE CENTERS

COHEs are administered by Valley Medical Center in Renton and St. Luke's Rehabilitation Institute in Spokane. The two centers offer providers

- Occupational health expertise
- Free continuing medical education
- Health services coordination
- Up-to-date information from new electronic tracking systems

The Renton COHE began enrolling providers in 2002 and serves part of two counties in Western Washington. The UW completed an evaluation of the Renton COHE in June 2005.

The Spokane COHE opened in 2003 and is being expanded to provide the same services in 16 Central and Eastern Washington counties. The UW will complete an evaluation of that COHE in June 2006.

PROJECT GOALS

- Help injured workers **return to work** when medically appropriate
- **Early identification** of high-risk claims and **coordination** of care
- Foster understanding of occupational health **best practices** among providers, particularly in the areas of carpal tunnel syndrome, lower back sprains and fractures
- Increase **overall satisfaction** with the workers' compensation system



Major Components of Centers of Occupational Health and Education

OCCUPATIONAL HEALTH BEST PRACTICES

Occupational Health Medical Directors and Clinical Administrators provide direction, leadership and community outreach. They also actively recruit providers from the community to join the COHE.

Participating Providers receive training in occupational health best practices.

COHE Mentors include specialists who agree to see injured workers promptly.

Health Services Coordinators facilitate return-to-work efforts with providers, employers, unions, and the workers' compensation system.

Financial Incentives for Occupational Health Best

Practices are provided by L&I to enrolled physicians for the following services:

- Submitting accident report to the workers' compensation insurer within 2 days
- Documenting injured worker's physical status and limitations at each visit
- Contacting the injured worker's employer about return-to-work options
- Assessing barriers to return-to-work at 4 weeks of time-loss

COMMUNITY INVOLVEMENT

COHEs enhance occupational best practices by working with employers, unions, providers and the workers' compensation system.

Community leaders from business, unions and clinical institutions provide support and expertise for the project.

INFORMATION MANAGEMENT

Case Tracking System monitors the injured worker's progress and generates reminders to providers and health services coordinators, enhancing case management and rehabilitation.

Performance Feedback gives providers information on how well they are performing on best practices.

Performance Data are provided to the UW for the evaluation of the project.



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Renton COHE Study Highlights (June 2005)

The University of Washington study found significant differences between injured workers treated by COHE and non-COHE providers. Following are highlights from the study:

COHE Injured Workers

- were 55% more likely to return to work for the same employer they worked for at the time of their injury.
- were 65% more likely to be working 6 months following the receipt of the claim.
- had lower claim costs and went back to work sooner.
- were less likely to miss work and collect time-loss.

COHE providers reported overall satisfaction with the program and reported a greater willingness to treat injured workers.

The Renton COHE saved nearly \$6 million in a single year or \$585 per claim (see Chart 1 below).

The UW study also showed injured workers treated by COHE providers had less disability and fewer days away from work (see Chart 2 below).

Chart 1 - Comparison of Injured Workers Enrolled in COHE to Non-COHE

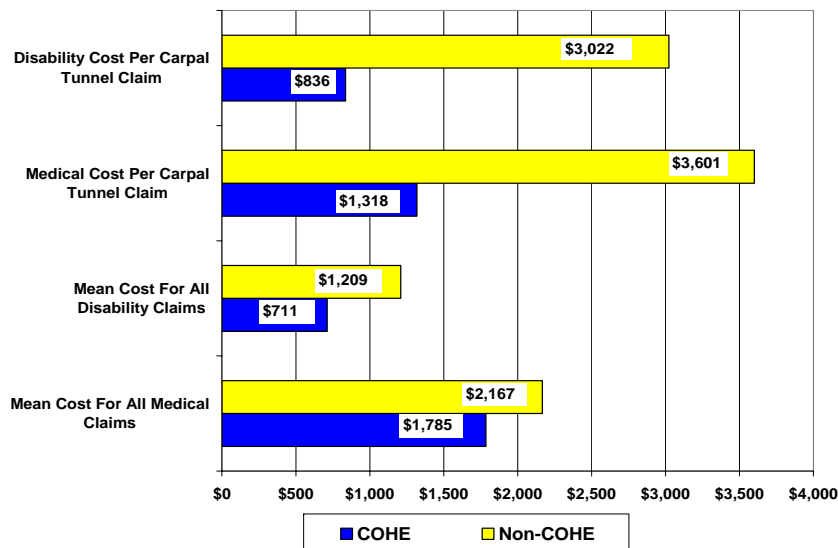
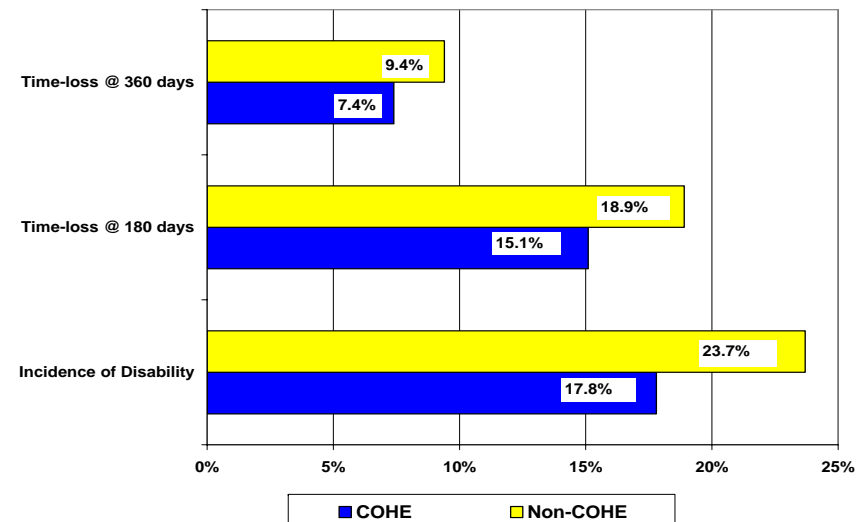


Chart 2 - Comparison of Injured Workers Enrolled in COHE to Non-COHE





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<http://www.lni.wa.gov/ClaimsIns/Providers/Research/OHS/default.asp>



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University of Washington Outcome Evaluation for the Renton COHE

<http://www.lni.wa.gov/ClaimsIns/Files/Providers/ohs/UwReportRentonCohere.pdf>